

Application for Educational Benefits

Free and Reduced-Price School Meals • School Year 2013-14 • State and Federally Funded Programs

1. ☐ Check here if this is the first application at this school district or nonpublic school for any child listed below.

2. Names of all Children in Household <i>including Foster Children</i> Attach additional page if necessary		Date of Birth Month/Day/Year	Grade	School	✓ If Foster Child *	Any Regular Income to Child Example: SSI
Last Name	First Name					
		___/___/___			<input type="checkbox"/>	\$ ___ per ___
		___/___/___			<input type="checkbox"/>	\$ ___ per ___
		___/___/___			<input type="checkbox"/>	\$ ___ per ___
		___/___/___			<input type="checkbox"/>	\$ ___ per ___
		___/___/___			<input type="checkbox"/>	\$ ___ per ___

* Child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 3 and 4.

3. Benefits (if applicable)

If any household member receives benefits from a program listed below: write in name of person and case number, check the appropriate box, and skip section 4.

Name	Case Number
<input type="checkbox"/> Minnesota Family Investment Program (MFIP)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)	

- Medical Assistance and WIC do not qualify

4. Names of all Adults in Household (all household members not listed in Section 2) Include all adults living in your household, related or not. Attach additional page if necessary.		Check if NO Income ✓	Household Incomes: Write in each gross income and how often it is received: weekly (W) , bi-weekly (every other week) (BW), twice per month (TM) , monthly (M) . Do not write in hourly pay . If income fluctuates, write in the amount normally received. Attach additional page if necessary.				
Last Name	First Name		Gross Wages and Salaries - all jobs - <i>before</i> deductions -	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including <i>net</i> Farm/Self-Employment
			\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___
			\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___
			\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___	\$ ___ per ___

5. If your children are approved for school meal benefits, this information may be shared with Minnesota Health Care Food Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. See back page for more information.

☐ Do not share information with Minnesota Health Care Programs.

6. I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal and state funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____

Social Security number – last 4 digits (required if Section 4 is completed): _____ OR ☐ I don't have a Social Security number

Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Total Household Size: _____	Total Incomes: \$ _____ per _____
Approved (check all that apply): <input type="checkbox"/> Case Number - Free <input type="checkbox"/> Foster - Free	
<input type="checkbox"/> Income – Free <input type="checkbox"/> Income – Reduced-Price	
Office Use Only	
Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Income Too High <input type="checkbox"/> Other: _____	
Signature - Determining Official: _____ Date: _____	
Change Status To: _____ Reason: _____ Withdrawn: _____	

Signature – Confirming Official: _____	Date: _____
Date Verification Sent: _____	Response Due: _____ 2 nd Notice: _____
Result: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced-Price <input type="checkbox"/> Free to Paid Office Use Only	
<input type="checkbox"/> Reduced-Price to Free <input type="checkbox"/> Reduced-Price to Paid	
Reason for Change: <input type="checkbox"/> Income <input type="checkbox"/> Case number not verified <input type="checkbox"/> Foster not verified	
<input type="checkbox"/> Refused Cooperation <input type="checkbox"/> Other: _____	
Signature – Verifying Official: _____ Date: _____	

Privacy Act Statement / How Information Is Used

The National School Lunch Act requires that the household member signing the application must provide the last four digits of their Social Security number unless the application is for a foster child, or they do not have a Social Security number, or they provide an active assistance number from the Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR). Provision of a Social Security number is not mandatory, but if a Social Security number is required for a complete application and the number is not provided, the application cannot be approved.

We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's eligibility status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education uses this information to: (1) administer state and federal programs, (2) calculate compensatory revenue for public schools, and (3) judge the quality of the state's educational program.

Children who are eligible for free and reduced-price school meals may be eligible for Minnesota Health Care Programs. Your child's eligibility status for school meals (qualified for free or reduced-price meals) may be shared with Minnesota Health Care Programs unless you tell us not to share your information by checking the box in section 5 of the application. You are not required to share information for this purpose and your decision will not affect approval for school meal benefits.

Nondiscrimination Statement

This explains what to do if you believe you have been treated unfairly: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Children's Ethnic and Racial Identities (Optional)

Please provide the following information, which is used to determine the school's compliance with civil rights laws. If the information is left blank, a representative of the school is required to identify the ethnic and racial identities of participants for civil rights reporting.

1. Choose one ethnicity:
 - ☐ Hispanic/Latino
 - ☐ Not Hispanic/Latino
2. Choose one or more races (regardless of ethnicity):
 - ☐ Asian
 - ☐ American Indian or Alaskan Native
 - ☐ Black or African American
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ White

Instructions for Completing the Application for Educational Benefits

Complete the Application for Educational Benefits for school year 2013-14 if any of the following apply:

- Any household member currently participates in the *Minnesota Family Investment Program* (MFIP), or *Supplemental Nutrition Assistance Program* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR), or
- One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), or
- Total household income (gross earnings, not take-home pay) is within these guidelines:

Household Size	Maximum Total Income				
	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,665	1,723	862	795	398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
Additional	7,326	611	306	282	141

Children and Foster Status

List all children in the household in Section 2.

- Indicate foster care status for a child by checking the box.
- Include any regular income, for example SSI, to children other than foster children (do not list occasional earnings like babysitting).

Assistance Number Complete Section 3 if any household member currently participates in one of the programs listed in that section. If Section 3 is completed, skip Section 4 (adult names and incomes).

Adults / Household Incomes List all adult household members, whether related or not, in Section 4. Include any adults temporarily away, such as a student away at college.

List each adult household member's gross incomes, not take-home pay, and how often each income is received. For example "W" for Weekly.

- List gross incomes before deductions.
- If an income varies, list the amount usually received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do *not* include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

Signature The form must be signed by an adult household member.

Social Security Number The person signing the application must provide the last four digits of their Social Security number unless:

- A qualifying assistance number was provided in Section 3, or
- All children in the household who need school meal benefits are foster children, or
- The person signing the application does not have a Social Security number and has indicated this in Section 6.